

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 1 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20515

1. PLACE OF DEATH

County Jackson
Township Ross
City Kennett Mo.

Registration District No. 379
Primary Registration District No. 1002
B. 1643 E 220

File No. _____
Registered No. 10021
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1643 22nd St. Terrace Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15th 1900

7. AGE YEARS MONTHS DAYS if LESS than 1 day, hrs. or min.
About 34 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Wmfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

13. NAME Orval Finley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Nellie Burns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Henry Brown
1643 22nd St. Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 6/18, 1934

19. UNDERTAKER (ADDRESS) Wm. J. Brown
1606 E. 18th St

20. FILED 6-18-34 Wm. J. Brown Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 4, 1933, to June 14, 1934
I last saw her alive on June 14, 1934 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus
48
107A
48

Other contributory causes of importance: Broncho-Pneumonia

Name of operation none Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. J. Brown M. D.
(Address) 1618 S. Lydia

